

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.D.</i>	<i>702088701-00</i>	
O.I.P.E. CLASSIFIER	<i>D.D.</i>	<i>919</i>	
FORMALITY REVIEW	<i>D.D.</i>	<i>FC36</i>	<i>10-12-00</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	10-12-00
2	✓	✓	10-12-00
3	✓	✓	10-12-00
4	✓	✓	10-12-00
5	✓	✓	10-12-00
6	✓	✓	10-12-00
7	✓	✓	10-12-00
8	✓	✓	10-12-00
9	✓	✓	10-12-00
10	✓	✓	10-12-00
11	✓	✓	10-12-00
12	✓	✓	10-12-00
13	✓	✓	10-12-00
14	✓	✓	10-12-00
15	✓	✓	10-12-00
16	✓	✓	10-12-00
17	✓	✓	10-12-00
18	✓	✓	10-12-00
19	✓	✓	10-12-00
20	✓	✓	10-12-00
21	0	0	✓
22	✓	✓	10-12-00
23	✓	✓	10-12-00
24	✓	✓	10-12-00
25	✓	✓	10-12-00
26	✓	✓	10-12-00
27	✓	✓	10-12-00
28	✓	✓	10-12-00
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31	✓	✓	10-12-00
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49	✓	✓	10-12-00
50	✓	✓	10-12-00

Claim	Final	Original	Date
51	✓	✓	10-12-00
52	✓	✓	10-12-00
53	✓	✓	10-12-00
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65	✓	✓	10-12-00
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67	✓	✓	10-12-00
68	✓	✓	10-12-00
69	✓	✓	10-12-00
70	✓	✓	10-12-00
71	0	0	✓
72	✓	✓	10-12-00
73	✓	✓	10-12-00
74	✓	✓	10-12-00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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